



WISCONSIN

**DEPARTMENT OF WORKFORCE DEVELOPMENT**

Division of Economic Support  
Bureau of Work Support Programs

**TO: Economic Support Supervisors  
Economic Support Lead Workers  
Training Staff  
Child Care Coordinators  
W-2 Agencies**

**FROM:** Stephen M. Dow  
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Work Programs Section

**BWSP OPERATIONS MEMO**

**No.:** 01-34

**File:** 1110  
1115  
2850.3

**Date:** 06/12/2001

**Non W-2** ☒ **W-2** ☐ **CC** ☐

**PRIORITY:** Medium

**SUBJECT: AUTHORIZED REPRESENTATIVE FORM**

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**CROSS REFERENCE:** Food Stamp Handbook Appendix 2.4.0  
EBT Guide Modules 2.2-2.3  
Income Maintenance Manual, Chapter I, Part A, 18.3.3

**EFFECTIVE DATE:** Immediately

**PURPOSE**

This memo describes a new version of the Authorization of Participant's Representative form.

**BACKGROUND**

Since Wisconsin converted to EBT benefit distribution for the Food Stamp (FS) Program there has been some confusion regarding the different options FS participants have in designating an authorized representative, authorized buyer, and/or an alternate FS payee. This memo explains the differences between these designations and the forms completion and CARES entries necessary to determine the appropriate QUEST card recipients.

**AUTHORIZED REPRESENTATIVE (AR)**

The primary person, spouse or any other responsible member of an FS household may designate an authorized representative (AR) to act on behalf of the household in making application for the Program, in obtaining benefits, and/or using the FS benefits.

*FS PAYEES*

If an authorized representative is designated as the FS payee on ACDP, that person is designated as an alternate payee (AP) on the EBT vendor system and will be issued a WI QUEST card. The AP's name will be embossed on the permanent WI QUEST card. The primary person will not be issued a card and does not have access to the EBT account (**EBT Guide 2.2.1.1**). A legal guardian and alternate payee may also be designated FS payee with this same result discussed above.

If more than one FS payee is designated on ACDP, a QUEST card will be issued based on this hierarchy:

1. Legal guardian
2. Alternate payee
3. Authorized representative

Do not designate an individual as a FS payee on ACDP if that person is the primary person on ACPA or an authorized buyer on ACDP.

Both the designation of Authorized representative and FS Payee are made on DES Form 2375 which has been updated to include both designation choices and explanations of both roles. The Authorization of Participant's Representative form must be kept in the case file.

*AODA TREATMENT CENTERS*

An authorized representative must apply for residents of a drug & alcohol treatment center. The treatment center employs and appoints the authorized representative who receives and uses food stamp benefits for the resident (**FS Handbook**, Appendix 2.4.0).

***DESIGNATION OF AUTHORIZED BUYER FOR EBT***

If the AG designates an authorized buyer (AB) for EBT, the AB, as well as the primary person or AP, will get a Wisconsin QUEST card. DES-11847, Designation of Authorized Buyer for EBT, is used to make this designation. This form explains that the AB will have access to the FS benefits (**EBT Guide**, 2.2.2.1). Do not designate an individual as an AB if that person is the primary person on ACPA or the FS payee on ACDP.

Do not automatically assume the AG wants an authorized representative to also be the FS payee or the AB, unless s/he specifically requests it using DES-2375 or DES-11847.

***FORMS DES-2375 AND DES-11847***

The printed version of the revised DES 2375 will not be available until August 1, 2001; however, the revised form is available on the internet partner page at <http://dwdworkweb/dwd/formrepo.htm>.

You may use the old version of this form until your supply is depleted if you document that you discussed the designation of FS payee and issuance of a QUEST card with the applicant.

*ORDERING FORMS*

To order the new form on or after August 1 please contact:

Barb Albrecht  
DWD/DWS  
P.O. Box 7935  
Madison, WI 53707-7935

FAX: 608-267-3240

E-Mail: [albreba@dwd.state.wi.us](mailto:albreba@dwd.state.wi.us).

**CONTACT**

DES CARES Information & Problem Resolution Center

Email: [carpolcc@dwd.state.wi.us](mailto:carpolcc@dwd.state.wi.us)  
Telephone: 608-261-6317 (Option #1)  
Fax: 608-266-8358

**Note:** Email contacts are preferred. Thank you.

## Facsimile of Form

STATE OF WISCONSIN  
DEPARTMENT OF WORKFORCE DEVELOPMENT  
Division of Workforce Services

## AUTHORIZATION OF PARTICIPANT'S REPRESENTATIVE

Case Name	Case Number
Agency Representative Name	W-2, County or Tribal Human/Social Services Agency

☐ I authorize \_\_\_\_\_ (name of representative) to represent me in my application/review for Wisconsin Works (W-2), Child Care Assistance, Medicaid, or Food Stamps to the W-2, County or Tribal Human/Social Services agency administering those programs, and to provide information and documents which may be necessary to establish my eligibility for those programs. I state under penalty of perjury that all the information given by my representative is true and correct to the best of my knowledge.

☐ I authorize \_\_\_\_\_ (name of representative) to be designated as my Food Stamp payee. I understand that as my Food Stamp payee, s/he will receive a WI QUEST card with his/her name on it and s/he will have access to my food stamp benefits to purchase food for me. I also understand that I will not receive a Wisconsin QUEST card with my name on it, but that the benefits in this account are mine and any purchases made from this account are considered authorized by me and will not be replaced.

Your signature must be witnessed. Two witnesses' signatures are required if you sign with an X.

Participant's Signature	Date signed
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Witness' Signature	Date Signed
Witness' Signature	Date Signed

DES-2375 (rev. 05/01) **RETAIN COMPLETED FORM IN CASE RECORD**